

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008418

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2575

FILED MAR 15 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. LOUIS, MO.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP #1

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

c. CITY OR TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

1125 So. Compton

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First FRED

Middle

McINTOSH

Last

4. DATE OF DEATH

Month

Day

Year

MAR. 3-3-62

## 5. SEX

Male

## 6. COLOR OR RACE

Negro

## 7. Married

Widowed ☐

## 8. DATE OF BIRTH

3/30/1894

## 9. AGE (last birthday)

69

## 10. IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nil

## 10b. KIND OF BUSINESS OR INDUSTRY

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## 11. BIRTHPLACE (City and state or country)

Ark

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

?

## 13b. MOTHER'S MAIDEN NAME

?

## 14. NAME OF HUSBAND OR WIFE

None

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Brupay Corley 1204 Hickory

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

#### DUE TO (b)

#### DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Mitral regurgitation - Pulmonary

002.1

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.(a)

Post Op. Colostomy for sigmoid cancer

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☒ No

☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## 20b. SUICIDE

☐

## 20c. HOMICIDE

☐

## 20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

## 20d. INJURY OCCURRED WHILE AT WORK

☐

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

2-21-62

to 3-3-62

and last saw her

him alive on 3-3-62

## Death occurred at

11:45 pm

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Ed Carey MD

## 22b. ADDRESS

1515 LAFAYETTE AVENUE

## 22c. DATE SIGNED

3-3-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

3/7/62

## 23c. NAME OF CEMETERY OR CREMATORY

rather Dickson

## 23d. LOCATION (City, town, or county)

St. Louis Co.

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

Watson 2769 Chouteau

## 25. DATE RECD. BY LOCAL REG.

MAR 6 1962

## 26. REGISTRAR'S SIGNATURE

Carl Smith M.D.

CRAIG  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300

Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Licensed Embalmer No. 5072

P. O. Address 4535 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.